

09/534,825

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/534825		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		3rd		4th	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/								
2	/								
3	/								
4	/								
5	/								
6	/								
7	/								
8									
9									
10									
11	/								
12	/								
13	/								
14	/								
15	/								
16	/								
17	/								
18	/								
19	/								
20	/								
21	/								
22	/								
23	/								
24	/								
25	/								
26	/								
27	/								
28	/								
29	/								
30	/								
31	/								
32	/								
33	/								
34	/								
35	/								
36	/								
37	/								
38	/								
39	/								
40	/								
41	/								
42	/								
43	/								
44	/								
45	/								
46	/								
47	/								
48	/								
49	/								
50	/								
TOTAL IND.	18								
TOTAL DEP.	45								
TOTAL CLAIMS	63								
51	/								
52	/								
53	/								
54	/								
55	/								
56	/								
57	/								
58	/								
59	/								
60	/								
61	/								
62	/								
63	/								
64	/								
65	/								
66	/								
67	/								
68	/								
69	/								
70	/								
71	/								
72	/								
73	/								
74	/								
75	/								
76	/								
77	/								
78	/								
79	/								
80	/								
81	/								
82	/								
83	/								
84	/								
85	/								
86	/								
87	/								
88	/								
89	/								
90	/								
91	/								
92	/								
93	/								
94	/								
95	/								
96	/								
97	/								
98	/								
99	/								
100	/								
TOTAL IND.	78								
TOTAL DEP.	45								
TOTAL CLAIMS	123								

REST AVAILABLE COPY